

Michigan Department of Community Health
Bureau of Health Professions
PO Box 30670
Lansing MI 48909
(517) 241-0554

REQUEST FOR EXEMPTION FROM NURSE AIDE TRAINING

Please PRINT Clearly

This is NOT an authorization to test

Allow 3-5 weeks processing time

CNA's First Name	Middle Name	Last Name	
Social Security Number	Birth Date	Telephone Number w/area code	
Street Address			
City	State	Zip Code	Michigan Registry Number, if applicable
SIGNATURE			DATE

There are three (3) conditions in which a nurse aide can request exemption from training in Michigan. If your situation is not one of the three conditions listed below, you will have to retrain in a Michigan approved Nurse Aide Training Program and pass the test to become a CNA in Michigan. ALL applicants for exemption must take and pass a clinical and written examination.

PLEASE CHECK THE ONE YOU ARE APPLYING FOR. READ AND FOLLOW THE DIRECTIONS CAREFULLY:

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EXPIRED MICHIGAN REGISTRY ONLY (Those individuals who have been expired less than 24 months) -

You are eligible for exemption if you have worked as a CNA in a traditional or a non-traditional health care facility, **licensed by the State of Michigan and/or certified by the Federal Government**, performing nursing or nursing related services for pay under the supervision of a registered nurse for at least 8 consecutive hours within the immediate 24-month period prior to your registry document expiration date. **Disregard the attached white form.**

Please submit the following documentation:

A signed **original** letter, on facility letterhead, from the Facility Administrator or Director of Nursing verifying the amount of hours you have worked in the last 24 months. A minimum of eight hours is required. **A copy or fax of the employer letter IS NOT acceptable.**

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NURSE AIDE WITH OUT-OF-STATE REGISTRY/CERTIFICATE -

You must provide a **COPY** of your out-of-state Nurse Aide Registration document with this form. Please ensure that the following documentation is submitted directly to this office:

1. **Forward the attached form to the state board(s) that you are registered.** The State(s) must submit verification of your registration, including any disciplinary action, directly to this office. If you are registered in more than one state, each state will need to verify your registration status; active, inactive or expired. DO NOT forward this form to California, Illinois, North Carolina or Wisconsin, we will obtain verification via the Internet.
2. If your registry document has expired or if there is no expiration date, we must receive a signed original letter, on facility letterhead, from the employer in your **previous** state of registration confirming that you have worked under the supervision of a registered nurse and been paid as a nurse aide in a long-term care facility for at least 8 hours in the last 24 months. **A copy or fax of the employer letter IS NOT acceptable.**

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RN or LPN STUDENT WHO HAS COMPLETED THEIR NURSING FUNDAMENTALS COURSE -

Please submit the following documentation to the attention of **NURSE AIDE CERTIFICATION** at the above address:

An official transcript must be sent directly to this office by the school you are attending showing that you are **currently** enrolled in a nursing program and your successful completion of their nursing fundamentals course with a "C" or higher average within the last year. Those individuals who have **completed** a nursing program, are in the process of obtaining or hold licensure as an RN or LPN **are not** eligible for exemption. Copies are not acceptable. If you send "Student Issued" transcripts, they must be received in a envelope SEALED by the school.

NOTE: If you are granted an exemption from training, you will receive notification from this Department. You will need to take the notification to your test site on the day of testing. You will have six months in which you must complete the testing process. If you fail to complete your testing, within the six month exemption period, you will have to complete a Michigan approved Nurse Aide Training Program and pass the test.

NO EXTENSIONS WILL BE GRANTED FOR EXEMPTIONS FROM TRAINING

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P.O. Box 30670
Lansing, MI 48909

VERIFICATION OF NURSE AIDE REGISTRATION/CERTIFICATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART 1: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

First Name	Middle Name	Last Name	
Street Address			
City	State	Zip Code	Telephone Number
Previous Names Used	Date of Birth		U. S. Social Security Number
State Board Registered In	Registration Number		Date of Issue

LISTING OF STATE NURSE AIDE REGISTRIES ON REVERSE SIDE

PART II: To be completed by the State Licensing Board.

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the address shown above.

Basis for Issuance of Registration/Certification:		
<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement - Please indicate name of state: _____		
Status of Registration/Certification	Original Issue Date	Expiration Date (If none, please indicate)
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed		
Are formal or informal actions pending?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
Has the Nurse Aide registry/directory in your state substantiated a finding or conviction of abuse, neglect, or inappropriate conduct for the applicant?		
<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please attach a summary)		

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature

Date

Type or Print Name

(SEAL)

Title

Full Name of Licensing Board

LISTING OF STATE NURSE AIDE REGISTRIES

ALABAMA Department of Public Health Division of Healthcare Facilities PO Box 303017 Montgomery AL 36130-3017 334-206-5169 334-206-5219 - Fax	INDIANA Division of Long Term Care Indiana Nurse Aide Registry 2 North Meridian Street, Section 4B Indianapolis IN 46204 317-232-0803 317-233-7750 - Fax	NEBRASKA Nebraska Health & Human Service System Dept. of Regulatory & Licensure and Credentialing Division PO Box 94986 Lincoln NE 68509-4986 402-471-4971 402-471-1066 - Fax	SOUTH CAROLINA South Carolina Nurse Aide Registry c/o ASI 3 Bala Plaza West, Suite 300 Philadelphia PA 19101-3481 803-737-7205 - SC Board 800-475-8290 - ASI
ALASKA Dept. of Commerce & Economic Development Division of Occupational Licensing Nurse Aide Registry 3601 "C" Street, Suite 722 Anchorage AK 99503-5934 907-269-8169 907-269-8196 - Fax	IOWA Iowa Nurse Aide Registry Department of Inspections & Appeals Health Facilities Division Lucas State Office Building Des Moines IA 50319-0083 515-281-4964 515-242-5022 - Fax	NEVADA Nevada State Board of Nursing Licensure & Certification - Nurse Aides 4330 S. Valley View, Suite 106 Las Vegas NV 89103 702-486-5800 702-486-5803 - Fax	SOUTH DAKOTA South Dakota Board of Nursing 4300 S. Louise, Suite C-1 Sioux Falls SD 57106 605-362-2760 605-362-2768 - Fax
ARIZONA Arizona State Board of Nursing 1651 E. Morten Avenue, Suite 210 Phoenix AZ 85020 602-331-8111, ext. 126 602-906-9365 - Fax	KANSAS Kasas Department of Health & Environment Health Occupation Credentialing Unit 1000 SW Jackson, Suite 330 Topeka KS 66612-1365 785-296-0060 785-296-3075 - Fax	NEW HAMPSHIRE New Hampshire Board of Nursing 78 Regional Drive, Building B PO Box 3898 Concord NH 03302-3898 603-271-6349/2323 603-271-6605 - Fax	TENNESSEE Tennessee Board of Nursing Cordell Hull Bldg., First Floor 425 Fifth Avenue North Nashville TN 37247-0508 615-532-3202 615-248-3601 - Fax
ARKANSAS Office of Long Term Care PO Box 8059, Mail Slot S405 Little Rock AR 72203-8059 501-682-8484 - Automated 501-682-8551 - Fax	KENTUCKY Kentucky Nurse Aide Registry Kentucky Board of Nursing 312 Whittington Parkway, Suite 300-A Louisville KY 40222 502-329-7047/7048/7049 502-696-3955/3956/3957 - Fax	NEW JERSEY Division of Long Term Care Systems Department of Health & Senior Services PO Box 367 Trenton NJ 08625-0367 609-633-9051 609-633-9087 - Fax	TEXAS Department of Human Services Credentialing Department PO Box 149030, Mail Code Y-977 Austin TX 78714-9030 800-452-3934 512-834-6764 - Fax
CALIFORNIA Do not send form to. We will obtain.	LOUISIANA Louisiana State Board of Examiners for NFA Nurse Aide Registry 5615 Corporate Blvd., Suite 8D Baton Rouge LA 70808 225-925-4132 225-925-4583 - Fax	NEW MEXICO DOH/CCHSP/NAR 1421 Luisa Street, Suite R Santa Fe NM 87505 505-827-1453-1418 505-827-1419 - Fax	UTAH NATCE Program Director UT Hlth Technology Certification 550 East 300 South Kaysville UT 84037-2699 801-547-9947
COLORADO Colorado Board of Nursing 1560 Broadway, Suite 880 Denver CO 80202 303-894-2431 303-894-2821 - Fax	MAINE Maine Registry of CNA's Division of Licensing & Certification State House Station #11 35 Anthony Avenue Augusta ME 04333 207-624-5205 207-624-5237 - Fax	NEW YORK Bureau of Professional Credentialing New York State Department of Health Office of Continuing Care 161 Delaware Avenue Delmar NY 12054-1393 518-478-1060 518-478-1058 - Fax	VERMONT Vermont State Board of Nursing Office of Professional Regulations 109 State Street Montpelier VT 05609-1106 802-828-2819/2453/2396 802-828-2484 - Fax
CONNECTICUT Department of Public Health 410 Capitol Avenue, MS #12MQA PO Box 340308 Hartford CT 06134-0308 860-509-7596 860-509-7607 - Fax	MARYLAND Maryland Board of Nursing 4140 Patterson Avenue Baltimore MD 21215-2299 410-585-1918 410-358-3530 - Fax	NORTH CAROLINA Do not send form to. We will obtain via the Internet.	VIRGINIA Virginia Board of Nursing Nurse Aide Registry 6606 W. Broad St., 4th Floor Richmond VA 23230-1717 804-662-7310 804-662-9512 - Fax
DELAWARE Division of LTC Residents Protection 3 Mill Road, Suite 308 Wilmington DE 19806 302-577-6666 302-577-6672 - Fax 1-888-204-6179 - Verification	MASSACHUSETTS Massachusetts Nurse Aide Registry Department of Public Health Division of Health Care Quality 10 West Street Boston MA 02111 617-753-8000 617-753-8096 - Fax	NORTH DAKOTA North Dakota Department of Health Division of Emergency Health Services 600 E. Boulevard Avenue Bismarck ND 58505-0200 701-328-2675 701-328-9785 - Fax	WASHINGTON Aging & Adult Services Admin. Residential Care Services Div. OBRA - Nurse Aide Registry 640 Woodland Square Loop SE PO Box 45600 Olympia WA 98504-5600 360-725-2596 360-493-2581 - Fax
DISTRICT OF COLUMBIA (DC) DC Nurse Aide Registry (ASI) 3 Bala Plaza West Philadelphia PA 19101-3481 1-800-475-8291 - Verification (ASI)	MINNESOTA Minnesota Department of Health Facility & Provider Compliance Division Nurse Aide Registry 85 East 7th Place, Suite 300 PO Box 64501 St. Paul, MN 55164-0501 651-215-8705 651-215-8709 - Fax	OHIO Ohio Department of Health Nurse Aide Registry 246 N. High Street, 3rd Floor Columbus OH 43215-2412 614-752-9500 614-995-5085 - Fax	WEST VIRGINIA Office of Hlth Facilities 350 Capital Street, Room 206 Charleston WV 24301-3718 304-558-0688 304-558-1442 - Fax
FLORIDA - Requires written request Department of Health MQA/Certified Nursing Assistant Program 4052 Bald Cypress Way Bin #C-13 Tallahassee FL 32399-3263 850-245-4567 (CNA) 850-488-4281 - Fax	MISSISSIPPI Mississippi Department of Health Division of Hlth Facilities Licensure & Certification 570 Woodrow Wilson Jackson MS 39214-1700 601-576-7300 601-576-7350 - Fax	OKLAHOMA Oklahoma State Department of Health Nurse Aide Registry 1000 NE 10th Street Oklahoma City OK 73117-1299 405-271-4085 405-271-1130 - Fax	WISCONSIN Do not send form to. We will obtain via the Internet.
GEORGIA Georgia Health Partnership (GHP) Nurse Aide Program PO Box 7000 (1455 Lincoln Parkway, Suite 750) Atlanta GA 31055-7000 (30346) 678-527-3010 - GHP	MISSOURI Missouri Division of Health & Senior Services Health Education Unit PO Box 570 Jefferson City MO 65102 573-751-3082 573-526-7656 - Fax	OREGON State Board of Nursing 800 NE Oregon Street, Suite 465 Portland OR 97232 503-731-4745 503-731-4755 - Fax	WYOMING Wyoming State Board of Nursing 2020 Carey Avenue Suite 110 Cheyenne WY 82002 307-777-7601 307-777-3519 - Fax
HAWAII Program Coordinator/Contract Officer Professional & Vocational Licensing Branch Dept. of Commerce & Consumer Affairs PO Box 3469 Honolulu HI 96801 808-734-2101, ext. 122 808-734-8318 - Fax	MONTANA Department of Public Health & Human Services Certification Bureau 2401 Colonial Drive, 2nd Floor Helena MT 59620-2953 406-444-4980 406-444-3456 - Fax	PENNSYLVANIA Pennsylvania Nurse Aide Registry c/o ASI PO Box 13785 Philadelphia PA 19101-3785 717-772-3815	
IDAHO Bureau of Facility Standards Department of Health & Welfare PO Box 83720 Boise ID 83720-0036 208-334-6620 208-364-1888 - Fax		RHODE ISLAND RI Dept. of Health Professionals Office of Health 3 Capitol Hill, Room 105 Providence RI 02908-5097 401-222-5888 401-222-3352 - Fax	
ILLINOIS Do not send form to - We will obtain via the Internet.			